DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/04/2012 FORM APPROVED OMB NO. 0938-0391

· I	01/2012
155703	01/2012
NAME OF PROVIDER OR SUPPLIER BROOKSIDE VILLAGE INC STREET ADDRESS, CITY, STATE, ZIP CODE 1111 CHURCH AVE JASPER, IN 47546	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000 INITIAL COMMENTS K 000	
A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).	
Survey Date: 10/01/12	
Facility Number: 003240 Provider Number: 155703 AIM Number: NA	
Surveyor: Lex Brashear, Life Safety Code Specialist	
At this Life Safety Code and Quality Assurance Walk-thru survey, Brookside Village Inc. was found in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The existing portion of the facility which was surveyed using Chapter 19, Existing Health Care Occupancies.	
This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 27 and had a census of 20 at the time of this survey.	
The facility was found in compliance with state law in regard to sprinkler coverage and smoke LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION 01,04		(X3) DATE SURVEY COMPLETED	
		155703	B. WIN	G	-	10/	01/2012	
	OVIDER OR SUPPLIER	IDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1111 CHURCH AVE						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	E ACTION SHOULD BE COMPLETION DATE		
K 000	detector coverage. All areas where resid were sprinklered, and services were sprinkl shed used for facility Quality Review by Ro	ents have customary access d all areas providing facility ered, except one detached storage. Obert Booher, Life Safety	К	000				
K 000	A Life Safety Code R Licensure and Quality Survey were conduct Department of Health 483.70(a). Survey Date: 10/01/2 Facility Number: 003 Provider Number: 15 AIM Number: NA Surveyor: Lex Brash Specialist At this Life Safety Co Walk-thru survey, Brofound in compliance of Participation in Medic 483.70(a), Life Safety edition of the National (NFPA) 101, Life Safety 16.2. The 2010 additinooms 201 through 22 Chapter 18, New Health	Recertification, State y Assurance Walk-thru ed by the Indiana State n in accordance with 42 CFR	K	000				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04 B. WING		(X3) DATE SURVEY COMPLETED	
		155703	D. WIIV			10/01	1/2012
NAME OF PROVIDER OR SUPPLIER BROOKSIDE VILLAGE INC				1	REET ADDRESS, CITY, STATE, ZIP CODE 1111 CHURCH AVE JASPER, IN 47546		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
K 000	Type V (111) construct sprinklered. The facili with smoke detection open to the corridors, detectors in all reside facility has a capacity 20 at the time of this some the facility was found law in regard to sprinklered, and were sprinklered, and	ction and was fully ity has a fire alarm system in the corridors, spaces and hard wired smoke nt sleeping rooms. The of 27 and had a census of survey. I in compliance with state kler coverage and smoke ents have customary access I all areas providing facility ered, except one detached	K	000			